

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32931**  
Registrar's No. **235**

FILED OCT 9 1943  
Registration District No. **1343**

Primary Registration District No. **3038**

1. PLACE OF DEATH:

(a) County **Brookfield**  
(b) City or town **Brookfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Craig Convalescent Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **22 Days**  
(Specify whether  
In this community **48 years**  
years, months or days)

3. (a) PRINT FULL NAME **George Washington Bowman**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Etta H. Guyer** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **April 30 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**70 4 26** hr. min.

9. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **common laborer**

11. Industry or business

12. Name **unknown**  
13. Birthplace **"**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **"**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ben Guthrie**  
(b) Address **Marceline, Mo**  
17. (a) **Burial** (b) Date thereof **Sept 29 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt Olivet**

18. (a) Signature of funeral director **James M. Mearns**  
(b) Address **Marceline, Mo**

19. (a) **9-27-43** (b) **J. W. Cannon**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Linn**  
(c) City or town **Marceline**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **E. Howell**  
(If rural, give location)  
(e) Citizen of foreign country? **—** (Yes or No)  
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **26**  
year **1943** hour **300** minute **300** M.

21. I hereby certify that I attended the deceased from **Mar 16 1943** to **Sept 26 1943**  
that I last saw him alive on **Sept 26 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
**Grand Arteriosclerosis**  
Due to **—**  
Due to **—**

Other conditions **Edema of lungs, fluid**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **—**  
Of autopsy **—**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **—**  
(b) Date of occurrence **—**  
Where did injury occur? **—**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? **—** (e) Means of injury **—**

23. Signature **Ray R. Haley** (M. D. or other) **—**  
Address **Brookfield Mo** Date signed **9/27/43**

OCT 20 1943

OCT 18 1943

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Dale Bunch*

Licensed Embalmer No.....

*4088*

P. O. Address.....

*Marelin M*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.